

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			2/16/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	875 1020	02/26/01 E-22-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	5		3/21/03
2	6		6/20/03
3	7		1/24/04
4	8		1/24/04
5	9		1/24/04
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7	11		1/24/04
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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